

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09800645

FILING DATE

3-07-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		3		2		
9		3		2		
10		3		2		
11		3		2		
12		3		2		
13		3		2		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22	1		1			
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35	1		1			
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		3		3		
43		3		3		
44		3		3		
45		3		3		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	6					
TOTAL DEP.	90					
TOTAL CLAIMS	96					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54	1		1			
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61		1		1		
62		1		1		
63	1		1			
64		1		1		
65		1		1		
66		1		1		
67	1		1			
68		1		1		
69		1		1		
70		1		1		
71		1		1		
72		1		1		
73		1		1		
74		1		1		
75		1		1		
76		(1)		(1)		
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		4		4		
TOTAL CLAIMS		4		4		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS